

CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES
DIVISION ON DOMESTIC VIOLENCE
LEGAL ADVOCACY AND COUNSELING SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE
2021 SCOPE OF SERVICES

SECTION ONE – GENERAL INFORMATION

| DELEGATE INFORMATION | |
|-----------------------------------|--|
| Delegate Agency Name | |
| Project Name | |
| 2021 Award Amount | |
| Website Address | |
| 2021 P.O. Number | |
| | |
| Executive Director Name | |
| Executive Director Address | |
| Executive Director Phone | |
| Executive Director Email | |
| | |
| Program Contact Name | |
| Program Contact Address | |
| Program Contact Phone | |
| Program Contact Email | |
| | |
| Fiscal Contact Name | |
| Fiscal Contact Phone | |
| Fiscal Contact Email | |
| | |
| Board of Directors Chairperson | |
| Address | |
| Phone | |
| Email | |

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| Program Location/Site (List All Site Locations where services listed on the Scope of Services are performed) | |
|---|--|
| MAIN LOCATION | |
| Address | |
| Phone | |
| Ward where this site is located | |
| Community Area where this site is located | |
| Clients seen at this location come from the following wards: | |
| Clients seen at this location come from the following community areas: | |
| Program Service Hours: | |
| Estimated number of work plan clients seen at this location | |
| Estimated amount of contact award allocated to this location | |
| PO# (please indicate PO on each page) | |

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| 2ND LOCATION | |
|--|--|
| Address | |
| Phone | |
| Ward where this site is located | |
| Community Area where this site is located | |
| Clients seen at this location come from the following wards: | |
| Clients seen at this location come from the following community areas: | |
| Website address | |
| Program Service Hours: | |
| Estimated number of work plan clients seen at this location | |
| Estimated amount of contact award allocated to this location | |
| PO# (please indicate PO on each page) | |

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| 3rd LOCATION | |
|--|--|
| Address | |
| Phone | |
| Ward where this site is located | |
| Community Area where this site is located | |
| Clients seen at this location come from the following wards: | |
| Clients seen at this location come from the following community areas: | |
| Program Service Hours: | |
| Estimated number of work plan clients seen at this location | |
| Estimated amount of contact award allocated to this location | |
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| | |
|--|--|
| | |
| Projected total number of enrolled clients in 2021 (new + carryover) | |
| List all languages in which domestic violence services are offered | |
| What specialized populations do you serve? (neighborhood, cultural group, etc.) | |
| PO# (please indicate PO on each page) | |

SECTION TWO – DFSS PROGRAM DESCRIPTION

A. Program Goals

Legal Advocacy and Counseling Services for Victims of Domestic Violence programs increase safety and enhance well-being for victims (and their children) of intimate partner and teen dating violence by providing assisting victims in completing paperwork to petition for an Order of Protection and accompanying them to court for emotional support and advocacy. Additionally, programs educate victims regarding their rights under the Illinois Domestic Violence Act and provide emotionally supportive crisis counseling, safety planning, and education and ongoing emotional support and case management.

B. Target Population

Any Chicago resident (and their children) who has been the victim of intimate partner or teen dating violence is eligible for services. Delegates must be able to offer services to underserved populations including undocumented victims, those whose do not speak English, male victims, those who are disabled, and LGBTQIA victims.

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SECTION THREE – REQUIRED CORE PROGRAM ELEMENTS

Delegates must deliver, at a minimum, all of the following services:

- Triage service requests immediately, 24 hours per day, and 7 days per week. Service requests received during non-operating hours must be referred to an agency's own Hotline or the Illinois Domestic Violence Hotline.
- Respond to service requests within 48 hours
- Provide emotionally supportive crisis counseling
- Assist victim to create a safety plan for herself and her children
- Provide an explanation of victim rights and legal protections under the Illinois Domestic Violence Act
- Provide an explanation of how to petition for an Order of Protection
- Create a service plan led by victim stated priorities and goals. Document victim progress towards service plan goals via case notes
- Assist victim with completion of paperwork to petition for an Order of Protection or other steps necessary to petition for an Order of Protection
- Accompany victims to court for emotional support, advocacy, and clarification of information such as law and court proceedings
- Provide ongoing individual interaction between a 40-hour trained domestic violence worker and victim. These interactions should include at a minimum:
 - Ongoing assessment of victim needs
 - Ongoing referrals to currently needed services, both within and the agency and to other service providers
 - Emotional support and guidance
 - Education and information about the dynamics of domestic violence
 - Problem solving and discussion of options
- Provide, where applicable, group counseling facilitated by a trained and qualified counselor
- Coordinate victim care within the agency and with other agencies to expand the range of services available to victim such as legal services, shelter/housing, entitlement income, and medical services
- Advocate on victim's behalf with a third party after execution of necessary release of information. Includes advocacy with DCFS, victim's employer, housing provider, IDHS, etc.
- Create a confidential process for victims to complete a DDV issued Client Outcome Survey (formerly the Evaluation of Services Survey), on paper and a minimum of 75% online. Copies of all paper surveys will be submitted to DDV.
- Provide community education workshops and/or outreach events to educate the general public and allied service providers about domestic violence and available services
- Accept referrals from and provide referrals to the Illinois Domestic Violence Hotline
- Respond to inquiries from the Illinois Domestic Violence Hotline to update service profile

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- Offer services to underserved populations including undocumented victims, those whose do not speak English, male victims, those who are disabled, and LGBTQIA victims
- Maintain victim confidentiality
- Report changes in staff, staff hours, agency operating hours, agency and program location
- Ensure that all staff providing services listed in this Scope of Services have, at minimum:
 - earned a 40 Hour Domestic Violence training certificate from an accredited training provider; and
 - experience providing legal advocacy services to victims of intimate partner violence and teen dating violence.

SECTION FOUR – PERFORMANCE MEASURES

To track progress towards achieving the stated program goals in Section Two and to assess success of the program, DFSS will monitor a set of performance indicators that may include, but are not limited to:

- Percentage of clients who are offered all the following triage services, regardless of whether the client accepts one or more of the services:
 - I. Emotionally supportive crisis counseling;
 - II. Safety planning with victim to keep herself and her family safer;
 - III. Explanation of the legal rights and protections available to them under the Illinois Domestic Violence Act; and
 - IV. Information and explanation on how to file for an Order of Protection
- Percentage of newly enrolled clients who develop a service plan with the assistance of their worker
- Percentage of clients who show progress towards at least one goal on the service plan
- Percentage of clients who file for an Order of Protection with the assistance of the program who are granted an Order of Protection with the assistance of the program
- Percentage of adult clients who complete a Client Outcome Survey (formerly Evaluation of Services of Survey)
- Percentage of clients who are given information on how the laws can help protect them
- Percentage of clients who feel supported by program staff in making their own decisions
- Percentage of clients who felt supported in court

Data Reporting

Delegate agency will be expected to collect and share data with DFSS according to the format, frequency, and submission protocol specified by DFSS. The parties recognize that reliable and relevant data is necessary to create a common understanding of performance trends, ensure compliance, evaluate program results and performance, and drive program improvements and policy decisions. As such, DFSS reserves the right to request/collect other key data and metrics from delegate agencies including client-level demographic, performance, and service data on a format specified by DFSS.

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Delegate agency agrees to the following reporting requirements:

- Quarterly Reports detailing services provided. Data provided will include work plan services funded through this contract and all other funding sources. Format will be provided.
- InfoNet data detailing services provided. Data provided will include work plan services funded through this contract and all other funding sources. Format is the InfoNet database.
- Monthly Meetings with DFSS staff, if required.
- Narratives in the quarterly report that may highlight a particular case or services provided to victims of domestic violence, intimate partner violence, and teen dating violence that demonstrate value in the ongoing services or a gap in services.

Uses of Data

DFSS reserves the right to use data related to delegate agency performance, including but not limited to data submitted by the delegate agency for the following:

- a) In periodic meetings described below to review program performance and develop strategies to improve program quality throughout the term of the contract; and
- b) To guide DFSS program development, evaluate programs, inform policies, and inform contract decisions such as payment rates, contract extensions or renewals, and evaluation of proposals by the delegate agency in response to any future solicitations by DFSS for goods or services.

Meetings

Regular reviews of and conversations around program performances, program results and program data, particularly related to the goals outlined in this agreement, will allow DFSS and the delegate agency to employ real-time information to track performance, identify good practices, and swiftly, collaboratively, and effectively address any challenges experienced by the target population.

At such meetings, the data will be reviewed to:

- a) Monitor progress, highlight accomplishments, and identify concerns;
- b) Collaboratively design and implement operational changes to continuously improve processes and outcomes; and
- c) Develop strategies to broader system changes to improve service delivery and coordination between services.

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Meetings shall include at a minimum the Deputy Commissioner for Domestic Violence, or designee, and the delegate agency's executive director, or designee. Delegate agency or DFSS may be represented by additional representatives as each party deems appropriate. DFSS may request the attendance of additional parties as it deems appropriate. Representatives from the delegate agency will attend all meetings as requested by DFSS.

SECTION FIVE –PLANNED ACTIVITIES

Please complete the **HIGHLIGHTED CELLS** to indicate the program's planned activities for the contract period.

| | | | | | | |
|---|--|----|----|----|----|-------|
| A. | ENROLL CLIENTS via starting an intake or needs assessment form. Form must be signed and dated by client and worker to verify client enrollment unless services are provided remotely. Remote clients must be documented in your files with an InfoNet number. | Q1 | Q2 | Q3 | Q4 | Total |
| | Number of adults carried over from Q4 2020 to Q1 2021 | | | | | |
| | Number of newly enrolled adults in 2021 | | | | | |
| | Number of newly enrolled children in 2021 | | | | | |
| | Total number of clients served in 2021 | | | | | |
| <p style="text-align: center;">PERFORMANCE MEASURE</p> <p style="text-align: center;">Achieved total clients will equal at least 90% of total predicted enrollment</p> | | | | | | |
| PO# (please indicate PO on each page) | | | | | | |

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| B. | PROVIDE TRIAGE SERVICES | Q1 | Q2 | Q3 | Q4 | Total |
|---|---|----|----|----|----|-------|
| 1 | Triage services may include some or all of the following as needed: <ul style="list-style-type: none"> a) emotionally supportive crisis counseling b) safety planning c) information and explanation of victim rights available under the Illinois Domestic Violence Act d) information and explanation on how to file for an Order of Protection | | | | | |
| PERFORMANCE MEASURE 100% of newly enrolled clients (adults and children) will receive triage services | | | | | | |
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| C. | PROVIDE COUNSELING through the development of a service plan created by the client and the worker | Q1 | Q2 | Q3 | Q4 | Total |
|---|--|----|----|----|----|-------|
| 1. | Number of newly enrolled clients who develop a service plan consisting of at least one measurable goal with a target accomplishment date | | | | | |
| 2. | Number of clients who show progress towards at least one goal listed on the service plan | | | | | |
| 3. | Number of clients receive individual supportive counseling | | | | | |
| 4. | Number of individual supportive counseling sessions held for clients | | | | | |
| 4a. | Number of individual counseling sessions held in-person | | | | | |
| 4b. | Number of individual counseling sessions held remotely | | | | | |
| 5. | Number of group counseling sessions held for clients | | | | | |
| 6. | Number of clients receiving intervention with DCFS, client's employer, housing provider, IDHS, etc. | | | | | |
| <p style="text-align: center;">PERFORMANCE MEASURE</p> <p style="text-align: center;">75% of newly enrolled clients (adults and children) will develop a service plan in collaboration with their worker</p> | | | | | | |
| <p style="text-align: center;">PERFORMANCE MEASURE</p> <p style="text-align: center;">60% of clients who develop a service plan will show progress towards at least one goal listed on the service plan</p> | | | | | | |
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| D. | PROVIDE COURT ADVOCACY (including intervention on client's behalf or preparing client to speak with representatives of civil/criminal legal systems and law enforcement personnel) | Q1 | Q2 | Q3 | Q4 | Total |
|---------------------------------------|--|--|----|----|----|-------|
| 1. | Number of clients receiving civil, criminal, or law enforcement interventions | | | | | |
| 2. | Number of clients receiving intervention with entities other than law enforcement or legal systems (i.e. DCFS, client's employer, housing provider, IDHS, etc.) | | | | | |
| 3. | Number of clients filing for an Order of Protection with the assistance of the program | | | | | |
| 4. | Number of clients who are granted an Order of Protection with the assistance of the program | | | | | |
| 5. | Number of clients seeking an Order of Protection receiving a legal remedy other than Order of Protection (i.e. continuance, restraining order, etc.) | | | | | |
| PERFORMANCE MEASURE | | 50% of clients seeking an Order of Protection with the program's assistance will be granted an Order of Protection | | | | |
| PO# (please indicate PO on each page) | | | | | | |

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| E. | PROVIDE EMOTIONAL SUPPORT AND ADVOCACY IN COURT by accompanying client to court | Q1 | Q2 | Q3 | Q4 | Total |
|-----------|--|----|----|----|----|-------|
| 1. | Number of clients accompanied to court by program staff | | | | | |
| 2. | Number of times staff accompanied clients to court | | | | | |
| 2a. | Number of times staff physically accompanied client to court | | | | | |
| 2b. | Number of times staff remotely accompanied client to court | | | | | |

| F. | CLIENT OUTCOMES SURVEYS (adult clients only) | Q1 | Q2 | Q3 | Q4 | Total |
|---|--|----|----|----|----|-------|
| 1. | a. Number of adult clients completing the Client paper Outcome Survey | | | | | |
| | b. Number of adult clients completing the Client online Survey | | | | | |
| 2. | Number of surveys that indicate the client strongly or somewhat agreed with A.2 of the survey, indicating that she was given information on how the laws can help protect her | | | | | |
| 3. | Number of surveys that indicate the client strongly or somewhat agreed with B.2 of the survey, indicating that staff was supportive of her decision making. | | | | | |
| 4. | Number of surveys that indicate the client strongly or somewhat agreed with C.2 of the survey, indicating that the client felt more supported in court. | | | | | |
| PERFORMANCE MEASURE 50% of clients will complete a Client Outcome of Services Survey. | | | | | | |
| PERFORMANCE MEASURE 75% of surveys completed will completed online. | | | | | | |
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| |
|---|
| PERFORMANCE MEASURE |
| 80% of clients taking the Outcome Survey will indicate that they strongly or somewhat agree with A.2 of the survey |
| PERFORMANCE MEASURE |
| 80% of clients taking the Outcome Survey will indicate that they strongly or somewhat agree with B.2 of the survey |
| PERFORMANCE MEASURE |
| 80% of clients taking the Outcome Survey will indicate that they strongly or somewhat agree with C.2 of the survey |

| G. | ENROL PROVIDE COMMUNITY EDUCATION / AWARENESS WORKSHOPS ON DOMESTIC VIOLENCE presented by program staff | Q1 | Q2 | Q3 | Q4 | Total |
|---------------------------------------|--|----|----|----|----|-------|
| 1. | Number of community education / awareness workshops on domestic violence presented by delegates | | | | | |
| 2. | Number of total expected participants | | | | | |
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Please review the **Required Core Program Elements in Section 3** and **Performance Measures in Section 4**. Please describe activities to be performed to address the needs of the target population and achieve Performance Measures, focusing on activities not captured in the listed Core Elements.

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Please describe how your program has been required to adapt during the 2020 Covid-19 pandemic. Please provide an outline on how you will continue service delivery in 2021. Please also address how your referral sources and outreach efforts have changed, and how the number of victims you serve under this contract has changed from your 2020 contract.

| | |
|---------------------------------------|--|
| | |
| | |
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SECTION SIX –PROGRAM FUNDING

| | |
|--|----------------|
| Please list all funding sources that comprise the other share listed in your program budget. Total of this chart should equal the other share listed in the program budget. | |
| \$ AMOUNT | FUNDING SOURCE |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| \$ | TOTAL |
| PO# (please indicate PO on each page) | |

SECTION SEVEN –REQUIRED ADDITIONAL DOCUMENTATION

The Division on Domestic Violence requires the following documentation to be submitted to meera.raja@cityofchicago.org within 30 days of the contract start date:

1. Current **job description** for every staff person providing services to victims of domestic violence in this program. A job description should be provided for every staff person providing services to victims of domestic violence in this program, regardless of whether this grant pays the staff's salary. Job descriptions should follow the format of the job description posted along with other contract documents at: www.cityofchicago.org/fsscontracts
2. Current **resume** for every staff person providing services to victims of domestic violence in this program. A resumes should be provided for every staff person providing services to victims of domestic violence in this program, regardless of whether this grant pays the staff's salary.
3. **Proof of 40 hour domestic violence training** from an accredited training provider for every staff person providing services to victims of domestic violence in this program. Proof of training should be provided for every staff person providing services to victims of domestic violence in this program, regardless of whether this grant pays the staff's salary. Proof of training is required regardless of staff's other professional training, certificates, and education.

Failure to submit these documents will result in an audit finding against the program.

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SECTION EIGHT –DDV DELEGATE GUIDEBOOK

The Division on Domestic Violence has created a guidebook to provide additional instruction and information on program requirements. The 2020 guide is available at:
www.cityofchicago.org/fsscontracts

Please review this guide as it is part of your contract.

SECTION NINE –SUBMITTAL AND APPROVAL

CERTIFICATIONS:



By checking this box, your agency certifies that all information provided in the Scope of Services is correct and that the agency will comply with the requirements listed in the Scope of Services.

SUBMITTAL AND APPROVAL

| | |
|---------------------------------------|--|
| Applicant signature in blue: | |
| Name typed: | |
| Title: | |
| Date of signature: | |
| | |
| DDV staff signature: | |
| Title: | |
| Date approved: | |
| PO# (please indicate PO on each page) | |